

**THIS IS YOUR RECORD—KEEP IN YOUR FILE**  
**SUPERVISOR'S REPORT OF AN ACCIDENT**

NAME OF INJURED EMPLOYEE: \_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

AGE	LENGTH OF EMPLOYMENT AT PLANT	ON JOB	DEPARTMENT	SECTION
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<input type="checkbox"/> HEAD	<input type="checkbox"/> HANDS	<input type="checkbox"/> WOUNDS	<input type="checkbox"/> AMPUTATION	<input type="checkbox"/> DEATH	<input type="checkbox"/> LOST TIME
<input type="checkbox"/> EYES	<input type="checkbox"/> LEGS	<input type="checkbox"/> STRAIN & SPRAIN	<input type="checkbox"/> BURNS	<input type="checkbox"/> FIRST AID ONLY	
<input type="checkbox"/> TRUNK	<input type="checkbox"/> TOES	<input type="checkbox"/> HERNIA	<input type="checkbox"/> FOREIGN BODY	<input type="checkbox"/> DUE TO DELAYED MEDICAL TREATMENT	
<input type="checkbox"/> ARMS	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> SKIN (occupational)		

REMARKS: \_\_\_\_\_

DATE OF INJURY	HOUR	DEPARTMENT	EXACT LOCATION
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EYEWITNESSES \_\_\_\_\_

DESCRIBE ACCIDENT; INCLUDE THE MACHINE, EQUIPMENT, OBJECT OR SUBSTANCE INVOLVED . . . ALL DETAILS . . . USE BACK SPACE IF NECESSARY \_\_\_\_\_

**CAUSE:** Mark basic cause  Mark contributing cause, if any

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| <p><b>UNSAFE CONDITIONS</b></p> <ol style="list-style-type: none"> <li>1 <input type="checkbox"/> INADEQUATELY GUARDED</li> <li>2 <input type="checkbox"/> UNGUARDED</li> <li>3 <input type="checkbox"/> DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE</li> <li>4 <input type="checkbox"/> UNSAFE DESIGN OR CONSTRUCTION</li> <li>5 <input type="checkbox"/> HAZARDOUS ARRANGEMENT</li> <li>6 <input type="checkbox"/> UNSAFE ILLUMINATION</li> <li>7 <input type="checkbox"/> UNSAFE VENTILATION</li> <li>8 <input type="checkbox"/> UNSAFE CLOTHING</li> <li>9 <input type="checkbox"/> INSUFFICIENT INSTRUCTION</li> </ol> | <p><b>UNSAFE ACTS</b></p> <ol style="list-style-type: none"> <li>1 <input type="checkbox"/> OPERATING WITHOUT AUTHORITY</li> <li>2 <input type="checkbox"/> OPERATING AT UNSAFE SPEED</li> <li>3 <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE</li> <li>4 <input type="checkbox"/> USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY</li> <li>5 <input type="checkbox"/> UNSAFE LOADING, PLACING, MIXING</li> <li>6 <input type="checkbox"/> TAKING UNSAFE POSITION</li> <li>7 <input type="checkbox"/> WORKING ON MOVING OR DANGEROUS EQUIPMENT</li> <li>8 <input type="checkbox"/> DISTRACTION, TEASING, HORSE PLAY</li> <li>9 <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES</li> </ol> |
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WHY WAS THE UNSAFE ACT COMMITTED? \_\_\_\_\_ WHY DID THE UNSAFE CONDITION EXIST? \_\_\_\_\_

ANY PHYSICAL DISABILITIES? \_\_\_\_\_  
 NUMBER OF PREVIOUS DISABLING INJURIES? \_\_\_\_\_

**GUIDES TO CORRECTIVE ACTION**

BASED ON THE CAUSE CHECKED ABOVE, I AM TAKING THE FOLLOWING CORRECTIVE ACTION:

<p><b>UNSAFE ACT</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1 STOP THE WORKER</li> <li><input type="checkbox"/> 2 STUDY THE JOB</li> <li><input type="checkbox"/> 3 INSTRUCT (tell—show—try—check)</li> <li><input type="checkbox"/> 4 FOLLOW UP</li> <li><input type="checkbox"/> 5 ENFORCE</li> </ol>	<p><b>UNSAFE CONDITION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1 REMOVE</li> <li><input type="checkbox"/> 2 GUARD</li> <li><input type="checkbox"/> 3 WARN</li> <li><input type="checkbox"/> 4 SUPERVISORY TRAINING</li> </ol>	<p><i>If Supervisor Can't Handle, Then</i></p> <p>5 RECOMMEND TO:</p> <ol style="list-style-type: none"> <li>(a) <input type="checkbox"/> OWN BOSS, OR</li> <li>(b) <input type="checkbox"/> SAFETY COMMITTEE, OR</li> <li>(c) <input type="checkbox"/> MAINTENANCE DEPT., OR</li> <li>(d) <input type="checkbox"/> _____</li> </ol> <p>6 FOLLOW UP</p>
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WHAT I AM ACTUALLY DOING TO PREVENT SIMILAR INJURIES \_\_\_\_\_

WHAT FURTHER RECOMMENDATIONS? \_\_\_\_\_

SIGNATURES	IMMEDIATE SUPERVISOR OR FOREMAN	REC. BY PLANT MANAGER OR SUPT.
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1. Describe the accident in your own words just as you saw it happen. Describe the surroundings or setting before the accident and the position of the injured party in relation to the surroundings, then describe the steps in proper sequence leading to the accident that happened. If possible attach a picture or make a drawing.

2. Describe any near accidents you have observed in the past week.

3. Report any unsafe procedures you have observed in the past week. (Physical hazards are classed as unsafe procedures as well as human acts.)